## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 19-023753 ESL
AGOSTO VELAZQUEZ, ADY	*	CHAPTER 13
xxx-xx-2777	*	
DEBTOR		

# DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J" OFFICIAL FORMS 106I AND 106J

#### TO THE HONORABLE COURT:

**COMES NOW, ADY AGOSTO VELAZQUEZ,** the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated August 03, 2019, herewith and attached to this motion.

2.The Schedule "I" is amended to inform the Debtor's actual income including a government assistance received by the Debtor's Non-Filing Spouse/ NFS (PAN/\$150.00 per month) and the Schedule "J" is amended to state the Debtor's current monthly household expenses, in the above captioned case.

### NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

#### CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

**RESPECTFULLY SUBMITTED**. In San Juan, Puerto Rico, this 3<sup>rd</sup> day of August, 2019.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfc@rfigueroalaw.com

Fill	in this information to identif	y your case:			
De	otor 1 ADY	AGOSTO VELAZQUEZ			
1000	otor 2		= 21 2 2 2		
Un	ted States Bankruptcy Cou	rt for the: DISTRICT OF PUER DIVISION	TO RICO, SAN JUAN		
Ca	se number			Check if this is:	
(If k	nown)			An amende	d filing
					ent showing postpetition chapter 13 of the following date:
0	fficial Form 106	<u>[</u>		MM / DD/ Y	YYY
S	chedule I: You	rIncome			12/1
Pa	t 1: Describe Emplo	pyment			
1.	Fill in your employment information.		Debtor 1	Debtor 2	or non-filling spouse
1.	information.  If you have more than one	job, Familian status	Debtor 1  ■ Employed	Debtor 2 ■ Emplo	
1.	information.  If you have more than one attach a separate page wit information about addition	job, th Employment status			pyed
1.	information.  If you have more than one attach a separate page with	job, th Employment status	■ Employed	■ Emplo	pyed
1.	information.  If you have more than one attach a separate page wit information about addition	job, th Employment status nal Occupation	■ Employed □ Not employed	■ Emplo	pyed
1.	information.  If you have more than one attach a separate page will information about addition employers.  Include part-time, season	job, th Employment status nal Occupation al, or Employer's name	■ Employed □ Not employed Field technician Autoridad Acueductos Y	■ Emplo	pyed
1.	information.  If you have more than one attach a separate page will information about addition employers.  Include part-time, season self-employed work.  Occupation may include season.	job, th Employment status nal Occupation lal, or Employer's name	■ Employed  □ Not employed  Field technician  Autoridad Acueductos Y Alcantarillados  PO Box 5729 Caguas, PR 00726-5729	■ Emplo	pyed
	information.  If you have more than one attach a separate page wit information about addition employers.  Include part-time, season self-employed work.  Occupation may include a homemaker, if it applies.	job, th Employment status nal Occupation al, or Employer's name student or Employer's address	■ Employed  □ Not employed  Field technician  Autoridad Acueductos Y Alcantarillados  PO Box 5729 Caguas, PR 00726-5729	■ Emplo	pyed
Pa	information.  If you have more than one attach a separate page wit information about addition employers.  Include part-time, season self-employed work.  Occupation may include shomemaker, if it applies.	job, th ch nal Occupation  al, or Employer's name student or Employer's address  How long employed about Monthly Income	■ Employed  □ Not employed  Field technician  Autoridad Acueductos Y Alcantarillados  PO Box 5729 Caguas, PR 00726-5729	■ Emplo	oyed mployed
Pa Esti unle	information.  If you have more than one attach a separate page wit information about addition employers.  Include part-time, season self-employed work.  Occupation may include a homemaker, if it applies.  The company of the company	job, the mal occupation occupation student or Employer's name student or Employer's address  How long employed to the date you file this form. If maye more than one employer, compared to the date you file this form.	■ Employed  Not employed  Field technician  Autoridad Acueductos Y Alcantarillados  PO Box 5729 Caguas, PR 00726-5729  there?  9 years	■ Emplo	oyed mployed ace. Include your non-filing spouse

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,820.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

				For	Debtor 1	2000	Debtor 2 or a-filing spouse
	Сору	line 4 here	4.	\$	1,820.00	\$_	0.00
5.	l ist a	all payroll deductions:					
٥.		Tax, Medicare, and Social Security deductions	5a.	s	113.97	\$	0.00
	5a.	Mandatory contributions for retirement plans	5b.	<u>s</u> —	0.00	* –	0.00
	5b.		5c.	š-	0.00	š-	0.00
	5c.	Voluntary contributions for retirement plans		s —		\$_	
	5d.	Required repayments of retirement fund loans	5d.	0.5	0.00	-	0.00
	5e.	Insurance	5e.	\$	0.00	\$_	0.00
	5f.	Domestic support obligations	5f.	s_	0.00	\$_	0.00
	5g.	Union dues	5g.	<sup>\$</sup> _	0.00	\$_	0.00
	5h.	Other deductions. Specify: Aflac	5h.+	\$_	47.10	+ \$_	0.00
ì.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	161.07	\$_	0.00
	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,658.93	\$_	0.00
3.	List a 8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$ _	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: PAN	8f.	\$	0.00	\$	150.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify: Church Minister (Church contribution/irregular)	8h.+	\$_	867.00	+ \$_	0.00
).	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	867.00	\$_	150.00
•		A	10. \$	- 8	2,525.93 + \$	7	150.00 = \$ 2,675.9
0.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. 5		2,525.93		150.00 - 0 _ 2,675.5
1.	Includ	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your differends or relatives. It includes any amounts already included in lines 2-10 or amounts that are not avoid;	ependen				dule J. 11. +\$0.0
12.	<b>Add</b> Write	the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certain	ult is the	comb	ined monthly inc Related Data, if i	ome. t appli	es 12. \$ 2,675.9
12	Do 1	ou expect an increase or decrease within the year after you file this form	?				Combined monthly income
13.	<b>■</b>	No.  Yes. Explain:	×5				

Fill	in this information to identify your case:				
Deb	tor 1 ADY AGOSTO VELAZQUEZ		Che	ck if this is:	
	· <del></del>			An amended filing	
Deb	tor 2				ing postpetition chapter 13
(Spo	ouse, if filing)			expenses as of the	following date:
Unit	ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SA DIVISION	N JUAN	ā	MM / DD / YYYY	· · · · · · · · ·
Cas	e number				
100000	nown)				
Of	fficial Form 106J				
	chedule J: Your Expenses				12/1
info		iling together, both ar rm. On the top of any a	e equal additior	ly responsible for s lal pages, write you	supplying correct or name and case number
1.	Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2,Expenses for	or Separate Households	of Debto	r 2.	
2.	Do you have dependents?  No				
574£	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	5			A STATE OF THE STA	□ No
	Do not state the dependents names.	SPOUSE		49	Yes
	aspondente numee.			-8 #	□ No
					☐ Yes
					□ No
				-X	☐ Yes
					□ No
				-0	☐ Yes
3.	Do your expenses include expenses of people other than				
	yourself and your dependents?				
	** Constitute Characters ** See See Constitute Constitu				
Est	t2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yo benses as of a date after the bankruptcy is filed. If this is a supple blicable date.	u are using this form a mental <i>Schedule J</i> , ch	s a sup eck the	plement in a Chap box at the top of the	ter 13 case to report he form and fill in the
val	lude expenses paid for with non-cash government assistance if y ue of such assistance and have included it on Schedule I: Your II ficial Form 106I.)	rou know the ncome		Your exp	enses
,0,					
4.	The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot.	clude first mortgage	4.	\$	523.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	S	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	š . <b>——</b>	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	i -	40.00
	4d. Homeowner's association or condominium dues		4d.	\$	0.00
5.	Additional mortgage payments for your residence, such as hom	e equity loans	5.	\$	0.00

ebtor	1 AGO	STO VELAZQUEZ, ADY	Case num	nber (if known)	
Ut	tilities:			Sec. (1)	Sol Nillochen
68	a. Electr	icity, heat, natural gas	6a.	The state of the s	95.00
61		r, sewer, garbage collection	6b.	s	85.00
60	. Telep	hone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
60	d. Other	. Specify: Gas	6d.	1970	15.00
F	ood and h	ousekeeping supplies	7.	\$	622.53
C	hildcare a	nd children's education costs	8.	\$	0.00
C	lothing, la	undry, and dry cleaning	9.	\$	100.00
. Pe	ersonal ca	are products and services	10.	\$	180.00
. M	edical and	d dental expenses	11.	\$	45.00
. Ti	ransporta	tion. Include gas, maintenance, bus or train fare.	02020	(*)	373.73
D	o not inclu	de car payments.	12.		AUTOCO SOUTH
		ent, clubs, recreation, newspapers, magazines, and bo		11857	20.00
. C	haritable	contributions and religious donations	14.	\$	86.67
5. <b>In</b>	surance.		263		
		de insurance deducted from your pay or included in lines	4 or 20. 15a.	c	0.00
	5a. Life ir				0.00
		h insurance	15b.	1 838	0.00
		le insurance	15c.		0.00
		insurance. Specify:	15d.	. \$	0.00
S	pecify:	not include taxes deducted from your pay or included in lines	4 or 20. 16.	. \$	0.00
		or lease payments: ayments for Vehicle 1	17a.	. <b>S</b>	0.00
		[20] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	17b.		0.00
		ayments for Vehicle 2	17c.	1,510	0.00
	7c. Other		17d.	: St	0.00
1	7d. Other	. Specify:			0.00
3. Y	our paym	ents of alimony, maintenance, and support that you di rom your pay on line 5, Schedule I, Your Income (Offici	al Form 106I).	. \$	0.00
0	ther payn	nents you make to support others who do not live with	you.	\$	0.00
	pecify:		19.		
). O	ther real	property expenses not included in lines 4 or 5 of this for	orm or on Schedule I: You	ur Income.	
		ages on other property	20a.	. \$	0.00
20	0b. Real	estate taxes	20b.	. \$	0.00
20	Oc. Prope	erty, homeowner's, or renter's insurance	20c	. \$	0.00
		enance, repair, and upkeep expenses	20d	. \$	0.00
		eowner's association or condominium dues	20e.	. \$	0.00
	ther: Spe		21.	. +\$	0.00
	alaulata u	our monthly expenses			
		nes 4 through 21.		\$	2,285.93
		ine 22 (monthly expenses for Debtor 2), if any, from Official	al Form 106.J-2	\$	
		로 발생하는 보면 이 1명이 되었다. 발생 시간에 가장되었다면 보면 전혀 생각이 있는데 보고 보는 사람이 되었다. 그는 것이 없는데 보고 보고 보면 보다 보다 보다 보다 보다 보다 보다 되었다. 		s	2,285.93
2	zc. Add iin	e 22a and 22b. The result is your monthly expenses.			2,200.00
		our monthly net income.			
		line 12 (your combined monthly income) from Schedule I.	23a		2,675.93
2	3b. Copy	your monthly expenses from line 22c above.	23b	\$	2,285.93
2	3c. Subtr	ract your monthly expenses from your monthly income. result is your monthly net income.	23c	. \$	390.00
F m	or example, nodification t	pect an increase or decrease in your expenses within the do you expect to finish paying for your car loan within the year or to the terms of your mortgage?	ne year after you file this do you expect your mortgage	form? payment to increase	or decrease because of a
	No.				
	Yes.	Explain here:			

Debtor 1	ADY AGOSTO VI	ELAZQUEZ			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVISION		
Case number f known)					Check if this is an amended filing
	m 106Dec tion About a	an Individual	Debtor's Scheo	lules	12/1
two married p	eople are filing together	, both are equally respon	sible for supplying correct infor	mation.	
btaining mone	is form whenever you fi y or property by fraud i l8 U.S.C. §§ 152, 1341, 1	n connection with a bankı	or amended schedules. Making ruptcy case can result in fines u	a false statement, co o to \$250,000, or imp	ncealing property, or risonment for up to 20
Sig	ın Below				
		one who is NOT an attorr	ney to help you fill out bankrupto	y forms?	
A		one who is NOT an attorn	ney to help you fill out bankrupto	y forms?	
Did you pa		eone who is NOT an attorr	ney to help you fill out bankrupto	Attach Bankruptcy	Petition Preparer's Notice, gnature (Official Form 119
Did you pa	Name of person		ney to help you fill out bankrupto	Attach Bankruptcy Declaration, and Si	

Date

Date August 3, 2019

abel Matrix for local noticing
104-3
ase 19-03753-ESL13
istrict of Puerto Rico
ld San Juan
at Aug 3 11:32:53 AST 2019
3 Bankruptcy Court District of P.R.
pse V Toledo Fed Bldg & US Courthouse
10 Recinto Sur Street, Room 109
an Juan, PR 00901-1964

ICA Collection Agency, Inc ) Box 12338 an Juan, PR 00914-0338

IRST BANK
DNSUMER SERVICE CENTER
ANKRUPTCY DIVISION (CODE 248)
D BOX 9146, SAN JUAN, PR 00908-0146

sland Finance ) Box 71504 an Juan, PR 00936-8604

ams Club ) Box 6497 ioux Falls, SD 57117-6497

unrise Credit Services, Inc. ) BOX 9100 camingdale, NY 11735-9100

yncb/Walmart
) Box 965024
rlando, FL 32896-5024

1d/Cbna ) Box 6497 ioux Falls, SD 57117-6497

ONSITA LECAROZ ARRIBAS
PFICE OF THE US TRUSTEE (UST)
CHOA BUILDING
TANCA STREET SUITE 301
AN JUAN, PR 00901

RELIABLE AUTO A DIVISION OF POPULAR AUTO LLC PO BOX 21382 SAN JUAN, PR 00928-1382

Banco Popular de Puerto Rico Bankruptcy Department PO Box 366818 San Juan, PR 00936-6818

Client Services, Inc 3451 Harry S Truman Blvd Saint Charles, MO 63301-9816

First Bank Consumer Services Center Bankruptcy Divi 248 PO Box 914 San Jua, PR 00908-0146

RELIABLE AUTO, A DIVISION OF POPULAR AUTO LL PO BOX 21382 SAN JUAN, PR 00928-1382

Santander Consumer USA P.O Box 961245 Fort Worth, TX 76161-0244

Syncb/Car Care Pep Boy C/o PO Box 965036 Orlando, FL 32896-5036

T Mobile/T-Mobile USA Inc by American InfoSource as agent PO Box 248848 Oklahoma City, OK 73124-8848

ADY AGOSTO VELAZQUEZ HC 15 BOX 16149 HUMACAO, PR 00791-9704

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186 SCOTIABANK DE PUERTO RICO FERNANDEZ COLLINS CUYAR & PLA PO BOX 9023905 SAN JUAN, PR 00902-3905

(p) BANK OF AMERICA PO BOX 982238 EL PASO TX 79998-2238

Colon Atienza Repossession Services, Inc PO Box 21382 San Juan, PR 00928-1382

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145

Radio Shack/Cbna PO Box 6497 Sioux Falls, SD 57117-6497

Scotiabank de Puerto Rico PO Box 363368 San Juan, PR 00936-3368

Syncb/Jc Penney Pr PO Box 965007 Orlando, FL 32896-5007

(p) T MOBILE C O AMERICAN INFOSOURCE LP 4515 N SANTA FE AVE OKLAHOMA CITY OK 73118-7901

ALEJANDRO OLIVERAS RIVERA ALEJANDRO OLIVERAS CHAPTER 13 TRUS PO BOX 9024062 SAN JUAN, PR 00902-4062 The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

ank of America
) Box 982238
l Paso, TX 79998-2238

T-Mobile 12920 SE 38th St # Stre Bellevue, WA 98006-1350 End of Label Matrix
Mailable recipients 28
Bypassed recipients 0
Total 28